

99-374-C 2003-224-C 223217  
**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE: ☒ IXC ☒ CLEC ☐ ILEC ☐ Wireless 223218

**CERTIFICATED COMPANY INFORMATION**

XO Communications Services, Inc.

Company Name

703-547-2255

Dbaf/ka

Telephone #

13865 Sunrise Valley Drive

Mailing Address

Herndon, Virginia 20171

City, State, Zip Code

13865 Sunrise Valley Drive

Business Location

Herndon, Virginia 20171

Fairfax

City, State, Zip Code

County

**REGISTERED AGENT INFORMATION**

Registered Agent: Corporation Services Company

Mailing Address: 2711 Centerville Road

City, State, Zip Code: Wilmington, DE 19808

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A.

**General Manager** (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

B.

Teresa Miller

**Customer Relations /Complaints Representative** (Include address if different than above.)

877-912-4829

877-842-9008

Teresa.miller@xo.com

Telephone Number

Facsimile Number

E-mail Address

C1.

Teresa Miller

**Customer Relations/Complaints Representative for Escalated Complaints** (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

C2.

800-421-3872

**Customer Contact (Toll Free Number)**

D.

**Engineering Operations** (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

E.

**Test and Repair** (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

F.

**Emergencies** (During non-office hours)

Telephone Number

Facsimile Number

E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G.

John Ivanusaka 10940 Parallel Parkway Suite K-#353 Kansas City, KS 66109

**Regulatory Officer** (Include address if different than above.)

913-499-1479

314-787-7965

john.ivanusaka@xo.com

Telephone Number

Facsimile Number

E-mail Address

H.

**Dual Party Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

I.

**Interim LEC Fund Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

J.

G. Martin Pfister

**Universal Service Fund Mailings** (Name)

13865 Sunrise Valley Drive Herndon, VA 20171

Mailing Address

703-547-2866

703-547-2630

martin.g.pfister@xo.com

Telephone Number

Facsimile Number

E-mail Address

K.

G. Martin Pfister

**Gross Receipts Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

L.

G. Martin Pfister

**Lifeline Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

Sharon Adams

This form was completed by (print name)

Senior Regulatory Analyst

Title

Date

Signature

March 30, 2010

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

(Rev. PSC 01/201)